

11-15-06

IFW \$



<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 17144/002002
Application No. 10/735,196-Conf. #2605	Filing Date December 11, 2003	Examiner A. P. D. N. Tran	Art Unit 3637

Applicant(s): Marcus Darren Gruetzmacher

Invention: METHOD OF REINFORCING A TOWER

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	19	- 39 =		x	
Independent Claims	5	- 4 =	1	x 100.00	100.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					60.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					160.00

- ☐ Large Entity ☒ Small Entity
- ☐ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. 50-0591 in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-0591  
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

John W. Montgomery  
Attorney/Agent Reg. No. 31,124

Dated: November 14, 2006

OSHA · LIANG LLP  
1221 McKinney St., Suite 2800  
Houston, Texas 77010  
(713) 228-8600



<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	10/735,196-Conf. #2605
		Filing Date	December 11, 2003
		First Named Inventor	Marcus Darren Gruetzmacher
		Examiner Name	A. P. D. N. Tran
		Art Unit	3637
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	17144/002002
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>160.00</b>

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
19	- 39 =	x	=			
HP = highest number of total claims paid for, if greater than 20.						
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
5	- 4 =	1	x 100.00 =			100.00
HP = highest number of independent claims paid for, if greater than 3.						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	=

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2251 Extension for response within first month	60.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	31,124	Telephone	(713) 228-8600
Name (Print/Type)	John W. Montgomery	Date	November 14, 2006		



Application No. (if known): 10/735,196

Attorney Docket No.: 17144/002002

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV842275440US in an envelope addressed to:

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on November 14, 2006  
Date

Signature

Colby S. Delgado

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 228-8600  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)  
Amendment (28 pages)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Amendment Transmittal (1 page)  
Payment by credit card. Form PTO-2038 is attached (1 page)  
Charge \$160.00 to credit card